OXYGEN THERAPY

The Empire Strikes Back!

The Australian media recently spearheaded the international assault on ozone therapy.

Utilising a range of Orwellian tape-editing tricks mixed with half-truths, the media down-under have ensured that AIDS patients will continue to die in ever increasing numbers!

Meanwhile, those who have experienced ozone treatments for cancer and AIDS are lobbying to continue ozone therapy —

as the treatment of their choice!

Edited by Ruth Parnell from the transcript of a taped radio interview conducted in mid-1993 by Gary Null of WBAI, a public supported radio station in New York.
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"Basil Wainwright has categorically invented a process to purify whole donor blood in the bag, and his invention of polyatomic apheresis ozone technology has created the most significant breakthrough in the treatment of AIDS and degenerative diseases found anywhere in the world to date."

Richard Bernard (Polyatomic Apheresis Inc.)

GN = Gary Null
SAT = Sue Ann Taylor
BW = Basil Wainwright

GN: This programme is *Natural Living*, and I'm Gary Null of WBAI, a public-supported radio station. Tonight I'll be talking to Sue Ann Taylor, an investigative journalist, and Basil Wainwright, a scientist and inventor of a particular ozone machine. Why is he in the Metropolitan Correction Center in Miami—the jail? Why hasn't he had a trial in three years? Why does the government not want his story to get out? More on that later.

Is HIV the cause of AIDS? HIV has never been found in any scientific studies anywhere in the world to be the sole cause of AIDS. No one can prove it. It is speculation. It is political and economic. The man who said in 1984 that HIV was the probable cause of AIDS (instantly it became dogma that it was)—did he also inform the public he was the primary beneficiary of a test for HIV, that he owns the patent and that millions of dollars have gone to him and his associates? No.

Did the press vigorously explore all the allegations of fraud and corruption? No. The alternative press did. We're the ones that brought you that information. They tell you don't challenge orthodoxy. We challenge you not to believe that but rather to believe the experience of those who are the ultimate authorities: the patients who are alive and well, having had the opportunity to intelligently review the best of both and see what works, and that's what we bring you.

You've heard previously from patients successfully treated using non-toxic therapies, you've heard from the physicians who've treated them. Now today, in this segment, Sue Ann Taylor, investigative journalist, welcome to our programme.

SAT: Hello!

GN: Sue Ann, you recently returned from the Philippines where you observed and recorded the effects of ozone treatment and a polyatomic apheresis therapy on a group of HIV-positive and AIDS patients. Would you give us the background of this and why it is so important that the people hear this story?

SAT: Well, I was researching for a documentary that I had been working on, called *Living Proof—People Walking Away From AIDS Healthy*, because I was finding more and more evidence that there were things that were in fact working for some AIDS cases and/or HIV-positive cases. In doing that research I came upon ozone therapy, and I also came upon all the controversy that surrounds it. So when I was offered the opportunity to actually watch a trial happen first hand, in the Philippines, I jumped at the chance.

I went to the Philippines and I was stunned with what I saw, because I was expecting the entire thing to take place in a sort of wing of a hospital, or something that looked a little bit more like what I expected medicine to look like. It was actually a clinic that was set up rather ad hoc to provide space to do justice to this trial, so I started out a little on the sceptical side, not knowing what I was getting into.

There were 19 HIV-positive people there, five of whom had full-blown AIDS. Over the course of about three weeks I watched the patients, or participants as they preferred to be called—six of whom were in pretty bad shape—I watched them go through some pretty

remarkable transformations and I saw it happen before my very own eyes. There's no amount of journalists or medical people who can tell me that what I saw I didn't see. I saw people who were unable to walk, be able to walk again. I saw people who were very, very ill just get considerably better, and all of the treatment was cut short by a raid by the government.

The Philippines government came in and shut down the entire operation, and only about one-third of the prescribed amount of treatment had been accomplished. It was a trial, so remember there wasn't an absolute number on how much treatment they were going to need—that was part of what they were there to establish—but one-third of what they were expecting would be close to the magic number of hours on the machine, had been accomplished, and in that period of time remarkable reversals in these people's conditions were evident.

GN: Alright, describe the clinic.

SAT: The [Cebu] clinic itself was an upscale home in the Philippines. An upscale home in the Philippines looks kind of like an upscale home in America. It was a very large home, two storey, fairly large lot, and behind the home they had built grass hut kind of things, but it wasn't as crude as that makes it sound; it really had a vacation resort feel to it. It was not really unacceptable—and by Philippines standards it was just fine. I had an opportunity to go to one of the Philippines hospitals, and our cleanliness within the clinic beat the cleanliness of the Philippines hospitals that I visited. So, what I had to do was readjust my western benchmarks to a third world's benchmarks, and I learnt a lot in the process, educating all the Filipino staff who were excellent—I would pit their training against any training of any nursing staff anywhere in the world; their knowledge was excellent. But some of the things we take for granted, like refrigeration and insect control, they just have really come to learn to live with those things, so we had to educate those people as to what western standards would be. The clinic was, by our own standards, crude but it was, you know, acceptable also. The materials were all new; it's just, again, it didn't meet my preliminary expectations.

"...Paul believed that he experienced just miraculous treatment, that in 11 hours of treatment the lesions on his feet went away and he could wear shoes and walk normally again."

GN: Who was working there?

SAT: Working there were three parties, actually. There was a group from Australia—the clinic was actually owned by a couple named Bob and Rosanna Graham. The second group was PAI, the polyatomic apheresis unit group, and all they did was supply the equipment and people to train the Philippine staff to use the equipment; and the third group was the Philippine staff which consisted of two Philippine doctors and 11 nurses.

GN: And who were the patients?

SAT: The patients were 20 Australians, 19 with HIV, one with multiple cancers.

GN: Is it illegal to enter the Philippines if you are an HIV-positive person?

SAT: My understanding is that it is illegal to go in HIV-positive, but Immigration does not question you; there is no testing and I don't know that the patients realised that it was illegal.

GN: Could you tell us some of the success stories of the patients?

SAT: The most dramatic success story was a man named Paul. Paul is 42 years old, he has been HIV-positive since 1984, has full-blown AIDS and Kaposi's sarcoma. The lesions, the Kaposi's sarcoma lesions on the bottom of his feet were so great when he left for the Philippines that he couldn't walk. He was in slippers for over a year. He could not wear shoes. He gingerly walked on the outsides of his feet and it was very difficult for him to get around at all. After 11 hours of treatment on the machine, Paul's lesions went away. He was able to wear leather shoes and, most importantly to Paul, he was off morphine for the first time in four years. Prior to his going to the Philippines, the cancer hospital had told him that he had reached the maximum amount of radiation that he could receive safely, and he would have to simply continue to increase his morphine to deal with his increasing pain. And Paul believed that he experienced just miraculous treatment, that in 11 hours of that treatment the lesions on his feet went away and he could wear shoes and walk normally again.

GN: Let's now describe what the treatment consisted of.

SAT: Certainly. The polyatomic apheresis looks like the following: a patient sits in a chair that looks a little like a dentist's chair. It's a comfortable chair. There are needles, intravenous needles inserted in both of their arms. The blood coming out of the left arm is pulled through a pump that is somehow in synch with the heart rate, and a circuit of blood is created between the left arm coming out and the right arm coming in. The blood goes through a series of tubes, goes down through a cascade tube where it is met with ozone under pressure, and at that point that's where the viral kill happens. The blood continues down through an escape tube, through a filter, back into their right arm. What you see visually is the blood exiting the left arm is a very black colour; it is black. It goes down through this cascade tube, which is a wide-bore cascade tube, about an inch in diameter, and it goes back into the arm, the right arm, a bright cherry-red colour. It comes out looking alarmingly different—this is with the HIV patients—alarmingly different than you would expect.

Now, the first patient I saw on the machine was a person without HIV. She was a normal person who had an infected foot, and her blood came out looking like yours and mine would, and went back in only slightly differently than it came out; so what I witnessed was that the HIV patients' blood was considerably blacker than a normal person's and went back considerably lighter. That's, in a nutshell, what it is.

GN: Alright, now, what other parts of the therapy were included with this ozone treatment, and how does this ozone treatment differ from, let's say, one which would be done in New York where you pull out about, oh, a half a pint of blood, ozonate it and put it back in the arm over about a 15 to 20 minute period?

SAT: Okay, I've never witnessed any of the other treatments that you're talking about. The only two ozone treatments that I've seen actually operate are the polyatomic apheresis and, using the same equipment, a process called rectal insufflation where the ozone gas is put in through a catheter into the rectum, which becomes an ozone enema, so to speak. Those two were used at the clinic and in conjunction with one another. Some of the participants in the study had experienced that treatment that you are talking about and had some success with it. What they believe from their own experience, what they told me, is that it was the difference between a Volkswagen and a Rolls Royce, from what they felt with the treatment you're talking about getting in New York versus what they got in the Philippines.

GN: So, far more productive in the Philippines?

SAT: Correct.

GN: Now, what happened to these 20 patients? Where are they at now and have there been any additional protocols for these people to follow?

SAT: Okay. The turning point of everything was on March 19. The youngest participant was a 23-year-old woman named Jodi,

and she had full-blown AIDS. It was a real tragedy because she really kind of represented all of our daughters, and her courage was phenomenal. She died in the clinic and that's when things started to tumble very quickly. She died from a series of complications. I'm not a medical expert but I believe she received two insufflations too close together and her body had trouble coping with the amount of ozone that she had taken in. She also received those against doctors' orders, so I guess it would have to be chalked up to human error rather than anything to do with the equipment. She received the ozone via the rectal insufflation.

GN: You mean the Philippine doctors had suggested she not take those?

SAT: Actually, it was the American doctor, the expert on the ozone, who had said this girl shouldn't have another until she recovers a little bit. She had remarkable success on the equipment, though. When I first arrived I was afraid Jodi was not going to make it until the equipment arrived. There were all kinds of customs hangups that prevented the equipment from getting into the country and getting set up on time. So the patients arrived ahead of the equipment, which was a real management error because it just added too much stress to the patients.

GN: By the way, who raided the clinic?

SAT: It was raided by the Department of Immigration.

GN: Was there any evidence the FDA had been involved in the raid?

SAT: There was not any evidence that the FDA had been involved; but what I was told was that the story really got underway when Australia's version of *A Current Affair* did a scathing story on the clinic and what the patients were about to experience, just as they were getting on the plane. I was told by another journalist in Australia whom I trust, that *ACA* is the one who went in to the Department of Immigration and tipped them off; so I believe that there was something operating there. I was also told that the producers were directed by their upper management to do a 'chuck job' on the ozone therapy. And no matter what they were told, no matter how much positive information they were given, it never aired; and I watched this happen time after time.

"...15 patients had improved T-cell counts, one as high as a 70% increase."

GN: So, in other words, there was a gross bias in the media, from your interpretation, to prevent positive stories about the success of ozone from getting back to the general population?

SAT: It's not even a question of interpretation. I watched it happen; I watched the participants give interviews; I gave interviews myself. We would turn on the TV and we would be shocked at what actually would show up. Paul, whom I was telling you about, would tell his entire story; he would show his feet, all of those things; and he made a comment in one of the television interviews where he said, After I got going I could just feel it in my heart that this was working. That little snippet is the only thing that they would use, and then they would cut to the doctor saying, Well, you know, there's a certain amount of mind over matter, and all that kind of stuff. So they were completely dismissing the science of it and trying to make it sound like their improvements were all in their own minds; but 15 patients had improved T-cell counts, one as high as a 70% increase.

GN: We are talking with Sue Ann Taylor about one particular type of therapy and one clinical experience that was interrupted in the Philippines. A group of 19 individuals with AIDS and ARC underwent a particular type of ozone treatment. As you have heard Sue Ann Taylor say, remarkable results were shown in the majority of patients. Unfortunately, the clinic was raided and closed down and the participants went back to Australia.

I would like to shift gears, however, and bring in another individual to share a different perspective on this, and one that we haven't talked about in the past. Basil Wainwright, welcome to our programme.

BW: Thank you very much, Gary. I must congratulate you on running a super programme and a very courageous one too.

GN: Basil, you are now incarcerated in Florida?

BW: That's right, so if any of your listeners hear any background effects, I must apologise for that. I am currently incarcerated down here in Miami.

GN: From what I understand, you are a scientist and you are the inventor of this polyatomic machine, this ozone machine, and that you have been incarcerated without trial for three years. Is that correct?

BW: Yes, I'm now well into my third year without trial and some seven violations of my basic human rights.

GN: What are those violations?

BW: Well, there's the 4th amendment and the 5th amendment, the 6th amendment has been violated, and the 8th, and 14th. So...

GN: What has happened to your attorney filing proper motions to get a fair and speedy trial? That's one of the constitutional provisions for people who are incarcerated. I haven't heard of people waiting three years except this particular political detainee who was here in New York, the IRA supporter who was held for some seven years.

BW: That is absolutely right. Well, it all started that—really, I suppose I should give you and your listeners a brief synopsis. I was working with Dr Viebahn in Germany and I was brought into this project along with Medizone, and then got very much involved in the process. And I was somewhat intrigued to find that nobody had really done any specific testing, i.e., looking at the cytotoxic levels or, that is, the concentration of ozone, looking at the specific atomic structures of that, and also the contacting time; so there were an awful lot of areas that particularly interested me. I worked with the University of Medicine and Dentistry and also the Mt Sinai Hospital with Dr Weinburg and with Dr Michael Carpendale, and started to get very, very involved in the course.

It was very evident there were some phenomenal results being seen in the AIDS area and I started to look at it more in-depth. There were several controversies going on as to whether it was a function of free radical reaction or oxidation—but of course both of those functions occur extensively—and also this ionisation; and I wanted to determine the specific parameters of that, because when people refer to ozone you might just as well refer to a vehicle being involved in a collision because you're not really defining the atomic structure of ozone which can be multifold. There can be many aggregate combinations of molecules which can have very specifically different responses, and I wanted to determine this.

GN: Since 1985 you have been working with some German doctors including Dr Viebahn that you talked about. Now, you had a way of determining that the ozone being used back then was not as effective as the way you could create a better ozone; they were using O_2 but you also saw O_3 and O_4.

BW: Yes.

GN: And you also were looking at two major factors: the concentration in relationship to agglomerate measurements, and oxidation; and then you were looking at the viral inactivation?

BW: Yes.

GN: Now tell us about what you found with what you created

concerning viral inactivation.

BW: Well, of course, I think it's very important for your listeners to know that the reason scientists refer to retroviruses' inactivation as opposed to being killed is because normal micro-organisms have metabolic mechanisms, whereas a retrovirus could almost be considered a piece of genetic material drifting around in the bloodstream. And, so, it's rather difficult to kill a non-living thing, hence scientists refer to inactivation. We looked at these various techniques and procedures and I suppose what really kicked it off was our study which we did with Biotest down here in Miami, where—having determined that the German process worked but indeed wouldn't be dramatically effective because they were not treating high enough volumes of blood—they'd also determined that once someone had been taken back to negative using polyatomic oxygen or ozone, they indeed remained negative. I think there is only one case of Horst Kief's that actually went back to positive, so that was rather unique because all the doctors were saying, Okay, so what? You get somebody to negative, but in a couple of months' time they're going to go back to positive. Well, that fact was proven not to be the case, which I think even surprised the Germans. And it might well be that the immune system kicks back in, and when we say negative we're looking at nucleic acid response or PCR work to determine that; but certainly the patients were not going back to positive—that was very interesting.

So we thought, okay, if these patients are going to use autohemotherapy which you referred to earlier, Gary, where you take out half a pint of blood, treat it with ozone, and then reinfuse it back into the patient, that was taking typically 11 months, of course combined with a very rigid nutritional control as well. But using that process it was very evident that it's like chipping away at a mountain with an ice pick when you're looking at the view of this pandemic facing mankind; and it became very apparent in 1987 that the best way to go was with dialysis or a dialysis-type procedure. So I worked with Cobe and other dialysis equipment and in fact filed my first dialysis patents using ozone in 1988. But, however, using ordinary dialysis equipment which is a hollow fibre membrane, we discovered there was too much homolysis occurring as a result of that; also, the thing that we refer to as mechanical shear. The very fact of pumping the blood round outside the body can cause all sorts of trauma to cells—there are thermal reactions, there are pressure zones, the pumping head itself can actually crush cells—so we had to look at a number of factors. And then, when we did more research, we found that O_4 in particular had some very unique responses. It has a phenomenal amount of electrons; as a matter of interest in O_4 you have 40 electrons, and that makes it a very powerful negative ionising platform drifting around in your bloodstream. It also was far more stable than O_3 which again was completely the reverse of what everyone was projecting.

It was very evident that O_3 had a better oxidative effect, and that was very effective in eliminating infected cells, but O_4 had the ability because of its ionisation to break down, we believe, the RNA, and of course uracil, which is a very important sugar combination—the 5-carbon sugar in the virus RNA—was actually being broken down. Well, when we actually achieved this, we did our first study down at Biotest Laboratories here in Miami—hence my incarceration down here. We did this study and as far as I know, for the first time in history, using apheresis we successfully converted HIV-positive to negative, and we could do this time and time again using PCR. That's the reason we came here, actually, because Biotest Laboratories in conjunction with Miami University had this latest state-of-the-art equipment; and from that very moment the FDA witchhunt started.

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We tried to keep a relatively low profile but of course the word soon got around the system, and then one night I came home and the SWAT team descended, guns drawn, and eight of them sort of crashed in the front door. I was arrested and charged with practising medicine without a licence, which of course is complete nonsense. But the SWAT team, instead of looking for anything that might indeed have been relevant to my practising medicine without a licence, all they did was dig out all my patent specifications, technical data and intellectual property rights. So they came with a very specific directive from the FDA, to seize all my intellectual property rights. From there I was sort of thrown in a state prison; mechanisms graunched on. Eventually I had charges from the FDA which boil down to sending and selling ozone generators from interstate—interstate trading laws, etc. Unfortunately, a couple of months after I was in prison, I detected a very severe heart condition. In fact, if this radio show had been yesterday I doubt very much if I could have done it. But nonetheless they detected I had a very severe heart condition, and it's progressed to a point now where I'm collapsing and having blackouts and stuff, but still hanging in there. I've just recently done a technical paper.

Well, from that episode this series of things went on, and as you quite rightly say—and I certainly won't bore your listeners with the phenomenal list of violations against me—I'm now into my third year; come October I'll be commencing my fourth year without any trial. I've just recently been appointed some new attorney who is hopeful of trying to get me bond. In fact, Dr Michael Carpendale and other doctors very courageously were flying into Florida for a major hearing in front of the judge. Everything was scheduled but at the very last moment the FDA stepped in again and the hearing was cancelled, and my research team had to frantically phone around and cancel everyone coming in. I did get bond, much to the amazement of the FDA, which was really an administrative error, and I was out for a few months. During that time we managed to get a number of apheresis systems put together and out into studies.

Most of the studies which were conducted in and around the United States of course have already had the FDA SWAT teams descend on them, close them down and seize equipment. And we've had things reported like seven P24-antigen negatives, a couple of PCR negatives, but at no time have we ever been able to get into the real completion of a study. In every case, I think the doctors would tell you they've seen absolutely dramatic results, and that's not from me because this information has been fed back to us. They of course are very concerned that they're not in a position to pursue this, and the process does really show some pretty dramatic potential—that's exactly what Dr Carpendale is saying—and the only way we are ever going to get this out there is if the AIDS groups get up and demand polyatomic apheresis so that we can get these studies up and running. We've got a group working with two very, very prominent stars that are hopeful of applying the sufficient pressure to be able to get this achieved.

During our studies we managed to determine that protein aspects in the blood, in other words, high protein levels would have an inhibiting effect. The normal procedure that has been adopted by the Germans, i.e., introducing antioxidants—which is very popular over here too—was negating the effects of ozone. Everyone in the United States can enjoy the wonderful efficacy of ozone; there is nothing against the law that you can't use it, and there are several ways of applying it. In our protocols, prior to treatment the patients will be receiving no antioxidants so that we

get the maximum oxidative effect from the O_3 component which we use 2% by weight, and 6% by weight of O_4; and we have a pretty rigid nutritional programme too.

GN: So let me see if I can put this into perspective. Basil Wainwright is now in a jail in Florida for developing a special form of ozone machine that puts an O_4 into the body. There are a number of patients, estimated as high as 200, who have undergone this polyatomic apheresis treatment so far. These have included HIV, environmental and degenerative diseases, approximately 30 persons with AIDS. Of those 30 people, all show dramatic improvement, seven are P24-antigen negative, and two are PCR negative, meaning there is no HIV viral DNA found in their bodies, and the P24 means there is no active replication—all replication of the HIV is done. For the effort, you have been put in prison without trial. When the doctors did come to testify on your behalf, the FDA saw that the hearings were postponed. On a technical glitch you were allowed out, and then, when they found out the technical glitch they put you back in; and you have been in violation of several due processes including a speedy trial. Why weren't the other doctors put on trial or arrested? Why were you the only person involved in this?

BW: Well, because I was the primary motivating force and the one that indeed held the patents in the United States office for polyatomic apheresis, which is quite unique. The only reason that I can think of is that I enjoyed the energy in working in the process. We have a wonderful team, they're all terribly dedicated to helping people, and we would like to think we are motivated in attempting to do God's work. Sue Ann and everyone else who have been involved have expressed love and compassion to all these patients, so it's been more than just a research project for me. I thoroughly enjoyed working with the patients. Of course, the pharmaceutical companies cannot file a patent on ozone, and you can only file patents on the intellectual property rights or the designs of the delivery mechanisms to the patient; and being as we have those, I suppose the best thing they could do and their only reaction was to throw me in prison, hoping that it would completely bring everything to a halt. It hasn't done that.

There's been a dedicated bunch of people out there; they definitely need more support. We would certainly provide equipment for AIDS groups in the United States if they would only get up and demand polyatomic apheresis and demand studies which they could do. We would be only too pleased to provide the equipment and, indeed, a number of very top doctors are prepared to come along and offer their services and monitor and support these test studies. You undoubtedly know that Ed McCabe has been doing some tremendous work in trying to open people's horizons on these issues, and Ed of course has been very supportive and he's become very supportive because he's been seeing the successes. Unfortunately, a lot of the doctors that have been involved in the research have had terrible pressure applied to them; in fact, their very jobs and livelihoods have been threatened by the FDA, which is very, very sad. I must admit when I first came to the States in 1987 on this particular project, the people told me this sort of thing existed in the United States and I thought it was all James Bond stuff, but of course I soon learnt to the contrary that indeed it was fact, and here I am. All I want to do in fact is get out here and research and work for the betterment of mankind and just simply conduct God's work. In fact, I've just finished two scientific papers whilst I've been incarcerated, and I've been working very, very hard.

A lot of good things: we've got a Middle East project which has been confirmed which will be up and running very soon; the Canadian government with NATO of course, as you've probably read, indicated great interest. Well, they've actually approached us and we've had talks with them about structuring a very special process which we've developed. It's from the blood bag to the patient, so for the armed forces, if they get injured out in the field and they're having delivery or transfusion of a unit of blood, there's this process we've developed which goes in series or in line with the IV to the patient, which actually purifies the blood with polyatomic structures before it goes into the wounded soldier. So, despite my various bouts of illnesses and I must admit it's been a bit touch and go at times, I've certainly been keeping myself active, Gary, and as I said I've certainly been following your programme with intent and your work with intent, and I hope your listeners out there realise what a super person you are and how you're projecting this work and making this awareness to the people out there.

"We would certainly provide equipment for AIDS groups in the United States if they would only get up and demand polyatomic apheresis, and demand studies, which they could do."

GN: Thank you Basil Wainwright, and let's hope for the best and that justice will be served by being fair and by seeing that your machine is tested. I want to thank you also for being on today, Sue Ann Taylor. Any closing thought for us?

SAT: Well, the closing thought that I have is, after the raid the mayor of the city gave the Department of Health the opportunity that if they wanted the study to continue, he would make space available in a hospital and make the patients the guests of the city. For them to turn down that offer and shut it down without looking at the patients' records, of which the blood tests all showed improvements, or watching a demonstration—that's when I started to believe that there was some level of a conspiracy happening right before my eyes, because they had made up their minds in the face of an offer from the mayor and said let's finish it right here. The only other point that I wanted to make, that I found alarming, is that people who have the ability to make those decisions were that closed-minded about the patients' pleas that this could save our lives, that they shut the door in their faces.

GN: Sue Ann Taylor, you learned a good lesson, and that lesson unfortunately is a bitter one: not always do the patients count when there is a political or economic agenda ahead of their interest. Thank you very much. I am Gary Null; the programme is *Natural Living*. ∞

• NEWS UPDATE • 29TH OCTOBER 1993 •

• Under a new agreement between the USA and Mexico, the FBI has been conducting armed raids of ozone clinics inside Mexico.

• NEXUS has learned that Basil Wainwright is being held in a 20-man cell currently holding 41 people. He has had 2 heart attacks plus 4 major blackouts in the last 6 weeks, and has been hospitalised 19 times since his incarceration. It was discovered two months ago that his medication for Parkinson's disease had been altered so that he was receiving the maximum, and often lethal, dosage of the drug Simatrol and its generic, Amantadine.

• In both Australia and New Zealand, as well as the USA, the health authorities have been conducting crackdowns and closures of businesses involved with oxygen therapies.

• NEXUS has been contacted by scores of readers who have reported excellent results from their experience with oxygen therapy.

• For more information on the Polyatomic Apheresis unit:
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